

HONORING THE VISIONARIES...



...TO SECURE THE FUTURE

2024 Annual Highlights



A program at

THETASK FORCE FOR GLOBAL HEALTH Message from Dr. Yao Sodahlon, Director

The Global Reach of the Mectizan Donation Program

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Dr. Yao Sodahlon

The year 2024 provided opportunities to honor the legendary visionaries who led the way to what became a highly successful pioneer donation program and public-private partnership.

In May 2024, we celebrated The Task Force for Global Health's 40th anniversary with the first Mectizan Expert Committee chair, and cofounder of The Task Force, Dr. William Foege, and Dr. Roy Vagelos, the former Merck & Co., Inc.* CEO who made the decision to donate Mectizan in 1987. The Mectizan Donation Program was one of the first permanent programs at the Task Force, which was co-founded by Dr. Foege.

Dr. Foege and Dr. Vagelos are both visionary leaders who saw the potential for Mectizan to control river blindness and relieve suffering from the disease. Former US President Jimmy Carter ioined them in their vision in 1994 when he launched The Carter Center's river blindness program. Many other partners, including WHO, the World Bank, NGOs, and donors joined the effort to support endemic countries which led to remarkable progress. Dr. Vagelos once stated that elimination in Africa was thought to be impossible. And yet, by the end of 2024, Niger was poised to become the first country in Africa to be verified by WHO for eliminating river blindness.

President Carter and Dr. Foege were also influential in GSK's decision to donate albendazole. GSK and Merck have now been donating albendazole and Mectizan (respectively) for more than 25 years to eliminate lymphatic filariasis (LF) as a public health problem in countries co-endemic with river blindness in Africa and Yemen.

The world lost a legendary humanitarian and champion for global health when President Carter died on December 29, 2024. The Mectizan Donation Program is grateful to President Carter for his commitment to improving the lives of millions by ending river blindness, LF, and other debilitating diseases.

The year 2024 also provided opportunities to celebrate hopeful signs for the future. The Southeast Asia nation of Timor-Leste became the first country to eliminate LF by co-administering Mectizan, diethylcarbamazine (DEC), and albendazole, which demonstrated the effectiveness of the strategy known as "triple therapy." This year the Mectizan Donation Program welcomed four new countries implementing triple therapy: Maldives, Tonga, Wallis and Futuna, and Zimbabwe.

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^{*}Merck & Co., Inc. is known as MSD outside the United States and Canada.



Partners are collaborating to innovate for river blindness and LF elimination. In February 2024, the Mectizan Donation Program participated in the Global Institute for Disease Elimination's (GLIDE) inaugural symposium with the theme "Integrate to Eliminate." Partnership, collaboration, and innovation are key to eliminating river blindness and LF. The symposium in Abu Dhabi convened over 100 participants from 30 countries to address issues including cross-border collaboration, lessons learned from elimination successes, integration strategies for mass drug administration, the role of endemic communities, and post-treatment surveillance.

We continue to explore ways to address the problem of loiasis, a parasitic disease that is hampering safe expansion of Mectizan distribution in central African countries. In August 2024, the Mectizan Donation Program and the NTD Support Center cosponsored a meeting of experts cofunded by the Gates Foundation to review the "Test and Not Treat" (TaNT) strategy developed to use a LoaScope diagnostic tool to measure levels of loiasis infection in individuals.

Countries co-endemic with loiasis are challenged by the risk of serious adverse events (SAEs) following

treatment with Mectizan in coinfected patients as treatment can cause serious adverse events. TaNT will help prevent SAEs by excluding those at risk from treatment and safely expanding Mectizan distribution to areas hypo-endemic for onchocerciasis and co-endemic with loiasis.

I'd like to take this opportunity to recognize the continued commitment and determination of our partner countries, particularly those where conflict presents obstacles to accelerate interventions to eliminate river blindness and LF. Despite the challenges, the resilience of these countries will lead to success.

Looking forward, in 2025 we will reach an incredible milestone of five billion Mectizan treatments donated by Merck. This remarkable achievement spanning 38 years is just the beginning. This is five billion treatments...and counting, as we remain committed to eliminating river blindness and lymphatic filariasis forever.

Together we will #StampOutOncho and #EliminateLF!

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Dr. Yao Sodahlon, Director Mectizan Donation Program The year 2024 provided opportunities to celebrate hopeful signs for the future.

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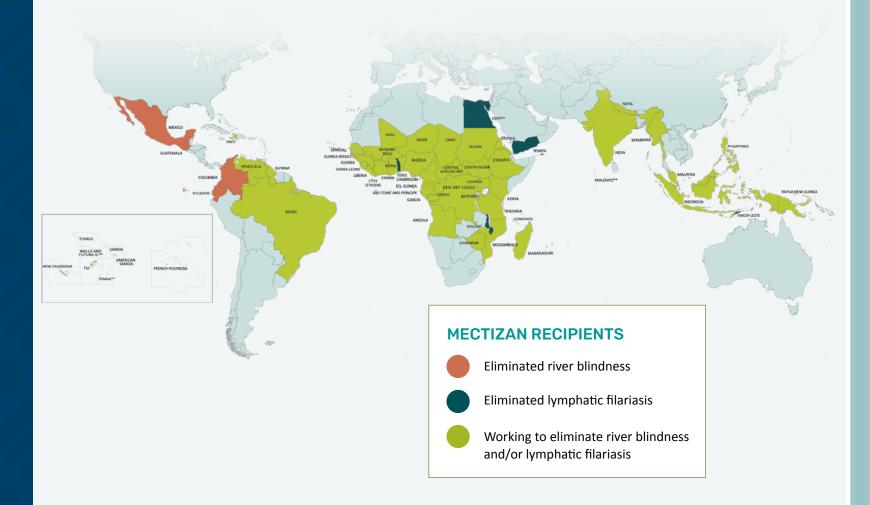
2024 Elimination Progress— River Blindness (Onchocerciasis)

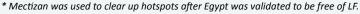
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Since 1987, Mectizan has been donated for mass drug administration to eliminate river blindness and lymphatic filariasis in 62 countries and territories.





^{**} Post-validation surveillance interventions



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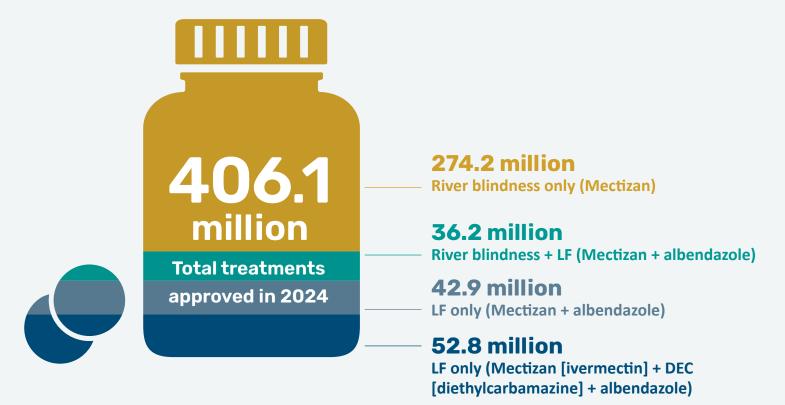
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Mectizan Donation Program

Mectizan Treatments Approved for River Blindness and Lymphatic Filariasis Elimination

In 2024, the Mectizan Donation Program approved 406.1 million Mectizan treatments for mass drug administration (MDA) to eliminate onchocerciasis (river blindness) and lymphatic filariasis (LF) in 36 countries and territories around the world.

Figure 1: Total treatments approved 2024 (in millions)



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13.9*
billion

Mectizan tablets shipped from 1988 to 2024

5.9**
billion

Mectizan treatments approved from 1988 to 2024

- * Equivalent of 4.98 billion treatments
- ** Treatments approved include treatments remaining in inventory reported in annual applications for Mectizan.

A young girl with Mectizan in a mass drug administration campaign in the Democratic Republic of the Congo. (Photo from CBM by Tobias Pflanz)

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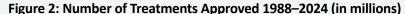
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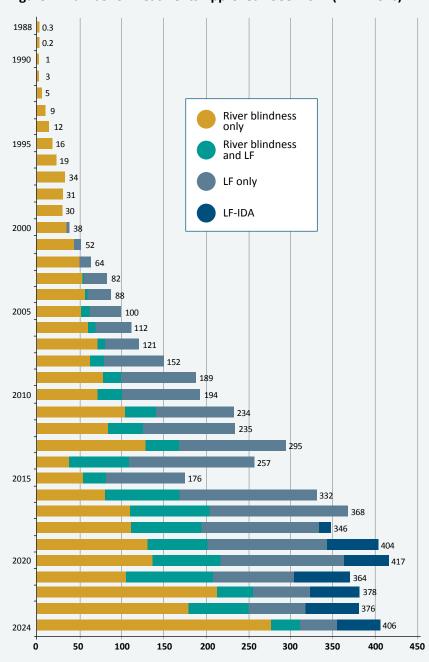
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Mectizan Donation Program





As of 2024, more than 5.9 billion Mectizan treatments have been approved by the Mectizan Donation Program and 13.9 billion tablets have been shipped by Merck for the elimination of river blindness and lymphatic filariasis (LF).

The addition of Maldives, Tonga, Wallis and Futuna, and Zimbabwe for the implementation of IDA for LF brings the total of countries and territories served to 62.

Increasing numbers of people no longer need treatment, a strong indicator of progress toward the elimination of these diseases. For river blindness, 47.5 million no longer need treatment in 13 countries. For LF, more than 337 million people no longer need treatment in 21 countries where LF and river blindness are co-endemic.

National programs continue to scale up treatment where it's still required, and the expansion of the donation in 2017 to accelerate LF elimination in eligible countries where river blindness is not endemic led to annual increases in the number of Mectizan tablets donated (Figure 2).

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River Blindness Elimination in 2024

In 2024, 310.4 million Mectizan treatments were approved (**Figure 3**) for river blindness or for co-administration with albendazole (donated by GSK) in places where river blindness and LF are co-endemic. 63 million treatments were donated for two rounds of treatment to accelerate river blindness in eight countries: Brazil, DRC, Ethiopia, Ghana, Malawi, Nigeria, Tanzania, and Togo.

Downscaling: More than 47 million people in 13 countries in Africa and the Americas in areas where transmission is suspected to have been interrupted or eliminated no longer need treatment. Of these, 12.6 million people remain under treatment. Post-treatment surveillance for river blindness will begin in these communities when they pass the transmission assessment surveys required to determine when treatment for LF can be stopped.

Sénégal continues post-treatment surveillance started in 2023 to ensure transmission is durably interrupted before submitting a verification dossier to WHO. Sénégal will also have to demonstrate no risk of reintroduction of infection from neighboring countries. Niger's verification dossier, submitted in 2023 to WHO, is under review. We hope the conclusions of the review will be made public in 2025.

Table 1 shows the population for whom treatment has been stopped since transmission is suspected to have been either interrupted or eliminated (as of December 2024).

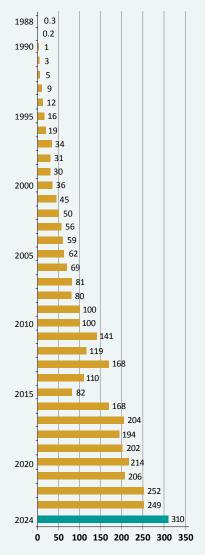
Table 1: Mectizan Treatment Stopped for River Blindness

| Country | Onchocerciasis foci no longer needing treatment | Total onchocerciasis foci/districts | Population in onchocerciasis foci where treatment has stopped | Population in onchocerciasis foci where treatment has stopped but still under treatment for LF |
|------------------------|--|---|--|---|
| Colombia ¹ | 1 | 1 | 1,515 | |
| Ecuador ¹ | 1 | 1 | 30,015 | |
| Equatorial Guinea | 4 | 4 | 278,970 | |
| Ethiopia | 27 | 340 | 2,930,644 | 131,709 |
| Guatemala ¹ | 4 | 4 | 286,521 | |
| Mali | 2 | 22 | 1,021,662 | 0 |
| Mexico ¹ | 3 | 3 | 227,118 | |
| Nigeria ³ | 122 | 488 | 35,545,947 | 12,425,991 |
| Sénégal | 8 | 8 | 625,503 | |
| Sudan ¹ | 2 | 4 | 363,876 | |
| Togo | 4 | 38 | 929,906 | |
| Uganda ^{1,2} | 16 | 17 | 5,157,437 | 0 |
| Venezuela | 2 | 3 | 122,128 | |
| Total | 196 | 933 | 47,521,242 | 12,557,700 |

- 1 In the Americas, Sudan, and Uganda, the geographical unit is a focus rather than a district.
- **2** Treatment stopped in part of the northern focus: total population = 1,121,520.
- 3 Treatment resumed in hotspots detected in 3 LGAs in Enuqu State (Ezeaqu, Nkanu East, Uzo-Uwani) and 6 LGAs in Kaduna State.



Figure 3: Treatments Approved for River Blindness, 1988–2024 (in millions)





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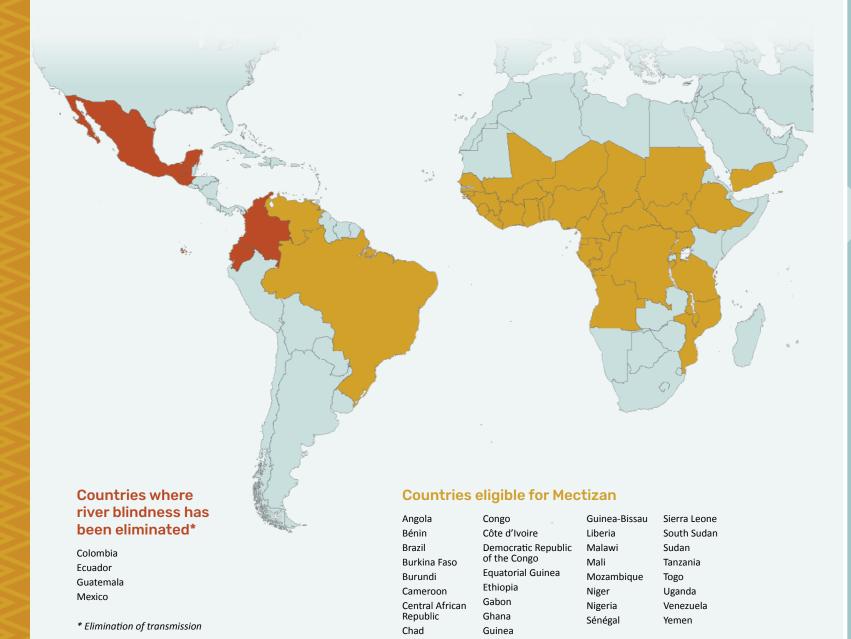
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Mectizan Donation Program

River Blindness-Endemic Countries



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Lymphatic Filariasis Elimination in 2024

In 2024, 132 million Mectizan treatments were approved for LF elimination worldwide. Of these, 79.2 million were approved in African countries where Mectizan and albendazole (donated by GSK) are co-administered, and 52.8 million were approved in countries where river blindness is not endemic to implement triple therapy—also known as IDA—with Mectizan (ivermectin), diethylcarbamazine (DEC), and albendazole. In October, the nation of Timor-Leste was validated by WHO for eliminating LF as a public health problem. Timor-Leste is the first country to achieve this goal with the use of the IDA strategy. This is an encouraging milestone!

Zimbabwe added the IDA strategy to its elimination program in 2024. Mectizan applications were approved for Maldives, Tonga, and Wallis and Futuna to implement IDA to address LF infections detected during post-validation surveillance.



Application approvals for LF elimination in river blindness-endemic countries under treatment with Mectizan and albendazole

In Africa where Mectizan and albendazole are coadministered for LF elimination, the 79.2 million treatments approved in 15 countries included 36.2 million Mectizan treatments for distribution in communities where LF and river blindness are co-endemic and 42.9 million treatments for distribution in communities endemic for LF only.

Bénin, Cameroon, Côte d'Ivoire, Mali, Niger, and Uganda are under the five-year post-treatment surveillance phase to ensure that LF has been eliminated as a public health problem. We look forward to the time they will join Malawi, Togo, and Yemen in successfully eliminating LF.



Application approvals for the implementation of IDA (ivermectin, DEC, and albendazole) for LF elimination in countries where river blindness is not co-endemic

In addition to the unlimited donation of Mectizan for the global elimination of river blindness, and for the elimination of LF in African countries and Yemen co-endemic for river blindness, in 2017 Merck committed up to 100 million Mectizan treatments annually through 2025 for the implementation of triple therapy to accelerate LF elimination in countries where river blindness is not endemic.

A total of 52.8 million treatments were approved in 2024 for 14 countries and territories: French Polynesia, Guyana, Haiti, India, Indonesia, Madagascar, Malaysia, Maldives, Myanmar, Papua New Guinea, the Philippines, Tonga, Wallis and Futuna, and Zimbabwe. There are now 25 countries and territories that have adopted the IDA strategy to eliminate LF.

The Maldives and Tonga applications were for addressing infections detected during post-validation surveillance. There



LF patient Blandina Banda outside her home in Malawi. (Photo by Peter Ngwale)

was a post-validation infection recrudescence detected in Wallis and Futuna, requiring the implementation of an annual round of IDA for two subsequent years. The case of Wallis and Futuna highlights the need to maintain post-validation surveillance to sustain our gains.

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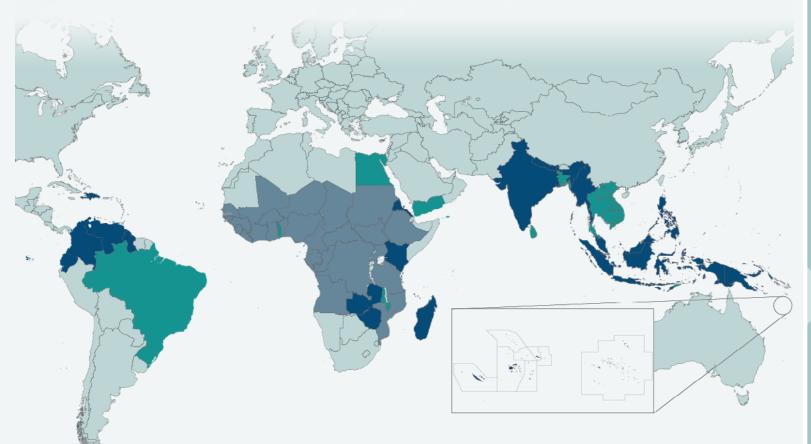
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Lymphatic Filariasis-Endemic Countries



Countries where LF has been eliminated*

Bangladesh Palau Brazil Sri Lanka Cambodia Thailand Cook Islands Timor-Leste Togo Egypt Kiribati Tonga Lao PDR Vanuatu Malawi Vietnam Wallis and Futuna Maldives Marshall Islands

Countries eligible for Mectizan and albendazole

Angola Bénin Burkina Faso Cameroon Central African Republic Chad Congo Côte d'Ivoire Democratic Republic of the Congo

Niger Nigeria Sénégal Sierra Leone South Sudan Sudan Guinea-Bissau Tanzania

Uganda

American Samoa Brunei Darussalam Comoros Dominican Republic Eritrea **Federated States** of Micronesia Fiji French Polynesia

Guyana Haiti India Indonesia Kenya Madagascar Malaysia Myanmar Nepal

Mectizan, DEC, and albendazole (IDA)*

Countries & territories eligible for

New Caledonia Papua New Guinea **Philippines** Samoa São Tomé and Príncipe Tuvalu Zambia Zimbabwe

Equatorial

Guinea

Ethiopia

Gabon

Ghana

Guinea

Liberia

Mozambique

Mali

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^{*} Elimination as a public health problem * Countries in italics have been approved for Mectizan



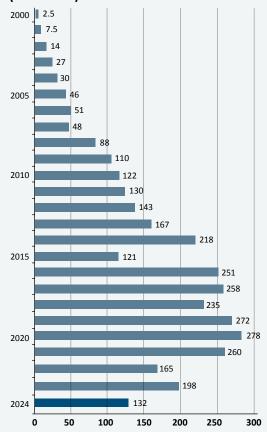
Program Downscaling for Lymphatic Filariasis

The number of people who no longer need treatment with Mectizan and albendazole for LF elimination increased from 304.6 million in 2023 to 337.8 million in 21 countries (**Table 2**). Among those, approximately 111.4 million will continue to receive Mectizan for river blindness.

Table 2: Mectizan + Albendazole Treatment Stopped for Lymphatic Filariasis

| Country | LF districts no longer needing treatment | Total LF districts | Population in LF districts no longer needing treatment | Population still receiving treatment for onchocerciasis in districts where LF treatment is stopped |
|-----------------|--|-----------------------|--|---|
| Bénin** | 50 | 50 | 8,324,323 | 4,048,833 |
| Burkina Faso | 65 | 70 | 23,194,404 | 147,559 |
| Cameroon** | 146 | 146 | 19,654,318 | 12,705,038 |
| Côte d'Ivoire** | 99 | 99 | 27,680,229 | 22,965,415 |
| DRC | 91 | 252 | 21,071,238 | 11,942,857 |
| Ethiopia | 52 | 116 | 3,515,511 | 2,615,139 |
| Ghana | 113 | 120 | 16,352,374 | 2,475,683 |
| Guinea | 11 | 24 | 4,367,038 | 4,367,038 |
| Guinea-Bissau | 33 | 79 | 644,046 | 644,046 |
| Liberia | 8 | 13 | 3,560,561 | 3,560,561 |
| Malawi* | 28 | 28 | 19,925,526 | 3,324,293 |
| Mali** | 75 | 75 | 25,054,486 | 7,550,115 |
| Mozambique | 62 | 114 | 13,321,684 | 1,215,266 |
| Niger** | 55 | 55 | 21,958,882 | 0 |
| Nigeria | 184 | 583 | 49,252,423 | 15,923,001 |
| Sénégal | 48 | 51 | 10,446,516 | 0 |
| Sierra Leone | 15 | 16 | 9,557,775 | 7,231,109 |
| Tanzania | 112 | 119 | 38,565,173 | 8,391,130 |
| Togo* | 9 | 9 | 1,766,760 | 1,639,778 |
| Uganda** | 69 | 69 | 19,415,305 | 586,160 |
| Yemen* | 11 | 11 | 133,902 | 81,604 |
| Total | 1,336 | 2,099 | 337,762,474 | 111,414,625 |

Figure 4: Treatments Approved for Lymphatic Filariasis, 2000–2024 (in millions)



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st Validated by WHO as having achieved elimination as public health problem.

^{**} All endemic districts are under post-treatment surveillance (PTS).

Remembering President Jimmy Carter, 1924-2024

Jimmy Carter, the 39th president of the United States, was a legendary humanitarian. The Mectizan Donation Program is grateful for President Carter's leadership in the fight to eliminate river blindness and lymphatic filariasis.

In 1994, President Carter joined former Merck CEO Roy Vagelos for a visit to Chad. The Carter Center was considering adding river blindness control and elimination to its health programs, along with the eradication of Guinea worm disease, another parasitic neglected tropical disease. Carter and Vagelos helped spread the news about the donation of Mectizan to control river blindness to leaders in other endemic countries. Dr. Vagelos later noted President Carter's early influence to advocate for mass treatment for river blindness.

In 1996, <u>The Carter Center</u> launched its river blindness elimination programs in Africa and the Americas. Its support of the distribution of Mectizan resulted in the elimination of river blindness in Colombia, Ecuador, Guatemala, and Mexico. In 2024, Carter Center programs worked to eliminate river blindness in Brazil, Ethiopia, Nigeria, Sudan, Uganda, and Venezuela.

When lymphatic filariasis was added to the MDP mandate in the late 1990s, The Carter Center became an important partner helping to protect millions from this infection in Ethiopia, Haiti, Nigeria, and Sudan.



"Sightless among Miracles" statue at The Carter Center.

Today The Carter Center campus is home to one of six "Sightless among Miracles" statues in the world. Sculptor R.T. Wallen depicted a child using a stick to guide a blind elder, reminding visitors of the twin tragedies of river blindness: the loss of an adult victim's independence and the heavy burden on a helping child. Due in part to President Carter's long-standing and steadfast support, today this scene is increasingly rare.

MDP salutes President Jimmy Carter for his lifelong commitment to peace, health, and hope.



In 1994, President Carter and Dr. Vagelos met with villagers in Nia, Chad. (Photo from The Carter Center by Bill Van Der Decker)

Contribution toward Progress in Uganda

The Carter Center plays a role in NTD elimination in many countries, including **Uganda. With support** from The Carter Center, Uganda is leading the way to NTD elimination. It was once heavily burdened with river blindness, but today Uganda has almost no active transmission of the disease. The Carter Center has collaborated with the Ministry of Health along the way to ensure elimination efforts are carried out and supported with scientific data. Millions of Ugandans will no longer suffer the severe itching, visual impairment, and blindness caused by river blindness infection.



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In October 2024, the Democratic Republic of Timor-Leste announced the elimination of lymphatic filariasis (LF) as a public health problem after being validated for the achievement by the World Health Organization.

Timor-Leste is the fifth country in Southeast Asia to achieve this milestone and the first country to do so using the WHO-recommended "triple therapy" strategy, also known as IDA (described on page 10).

Merck, GSK, and Eisai have been partnering since 2017 to donate Mectizan (ivermectin), albendazole, and DEC, respectively, for the implementation of IDA to accelerate the elimination of LF in eligible countries where river blindness is not endemic.

The Ministry of Health in Timor-Leste began implementing mass drug administration to eliminate LF in 2005, but efforts were interrupted from 2007 to 2015 due to lack of funding. In 2015, WHO provided resources to restart the LF elimination program, joined in 2016 by a five-year investment grant from the Korea International Cooperation Agency (KOICA). In 2019, IDA therapy was introduced nationwide.

Timor-Leste's success demonstrates that elimination of LF can be achieved through the donations of these essential medicines, the commitment of the government and people of endemic countries, and the global partnership working to end LF.

The Ministry of Health in Timor-Leste will continue to provide Morbidity Management and Disability Prevention (MMDP) activities for patients with LF symptoms, including hydrocele and lymphedema. The country will also put in place post-validation surveillance activities to detect and respond to potential infection recrudescence.



Élia António de Araújo dos Reis Amaral, Minister of Health, Timor-Leste (left) with Saima Wazed, Regional Director, WHO South-East Asia Region, during the validation ceremony. (Photo from WHO SEARO)



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The <u>Mectizan Expert Committee/Albendazole Coordination (MEC/AC)</u> is the independent technical body of experts providing oversight for the donation of Mectizan and, for LF elimination, coordination of the co-distribution of Mectizan and albendazole.

MEC/AC members: Chair, Prof.
Gilbert Burnham (USA); LF expert
Prof. Yaya Coulibaly (Mali);
parasitologist and LF expert Prof.
Monique Ameyo Dorkenoo-Agbeko
(Togo); LF expert Dr. Ramaiah
Kapa (India); behavioral health
scientist Dr. Alison Krentel
(Canada); parasitologist Dr. Tom
Nutman (USA); entomologist,
parasitologist, and onchocerciasis
expert Prof. B.E.B. Nwoke (Nigeria);
and parasitologist and LF and
onchocerciasis expert Dr. Sébastien
Pion (France).



MEC members and guests in Paris.

The MEC/AC meets twice yearly for progress updates from MDP and WHO regional offices, with additional reports on emerging topics by invited speakers and partners.

The 71st meeting of the MEC/AC was held April 8-9, 2024, in person and virtually in Paris, France. The MEC discussed the WHO-HQ request to extend the Mectizan donation for IDA beyond 2025, a review of the Regional Program Review Groups processes and implications on drug supply, and an update from the Reaching the Last Mile Fund on their plans for supporting elimination of river blindness and LF in Africa and Yemen.

Given recent progress in the development of the Test and Not Treat (TaNT) strategy to prevent severe adverse reactions in MDA in *Loa loa* co-endemic communities, the MEC/AC agreed that the Mectizan Donation Program should support a meeting to review available data on TaNT and develop practical guidance for field deployment.

The 72nd MEC/AC was convened virtually on October 17-18, 2024. The recommendations of the August TaNT meeting held in Paris were shared, and a proposal from Cameroon requesting Mectizan for areas co-endemic with *Loa loa* was approved.



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The effort to eliminate lymphatic filariasis (LF) as a public health problem in countries co-endemic with river blindness in Africa and Yemen has been ongoing for more than 25 years.

In 1998, GSK, Merck, and others joined WHO's Global Program to Eliminate LF using co-administration of albendazole and Mectizan in mass drug administration campaigns in countries where LF and river blindness are co-endemic in Africa and Yemen.

Mectizan was donated by Merck in 1987 for the control of river blindness. Between 1988 and 1998, treatments had scaled up to 30 million people annually thanks to the innovative community-directed treatment with ivermectin (CDTI) strategy in which community members were trained to deliver Mectizan.

When WHO recommended coadministration of albendazole and Mectizan to eliminate LF, GSK announced the donation of albendazole in 1998. Merck expanded the donation of Mectizan to include LF elimination in the same year. This integrated approach to treat two diseases built on the CDTI model allowed countries to streamline and scale up delivery.

In 1999, the two companies agreed on a cooperation mechanism through the Mectizan Donation Program to ensure a coordinated supply of the two medicines and to promptly address common issues. The Mectizan Expert Committee was expanded to cover albendazole donation coordination, adding two LF experts and adopting the new name of Mectizan Expert Committee/Albendazole Coordination (MEC/AC).

Today, LF has been eliminated as a public health problem in two African countries, plus Yemen. Many subnational regions are also now free of LF, with many more in the post-treatment surveillance phase. Nearly 340 million people no longer need treatment with albendazole + ivermectin in eligible countries where river blindness and LF are co-endemic.

In 2017 the cooperation mechanism was expanded to include countries eligible for a treatment strategy called "triple therapy," a combination of ivermectin + diethylcarbamazine (DEC) + albendazole to accelerate LF elimination in countries where river blindness is not endemic. Also known as IDA, this strategy—recommended by WHO in 2017—has been shown to be very effective. In 2024 IDA registered its first victory with the announcement of



2007: Ready for mass drug administration of Mectizan and albendazole in Central African Republic. (Photo by Steve Ababio)

Timor-Leste's verification of elimination of LF as a public health problem.

Albendazole is also donated and co-administered with DEC in countries where river blindness is not endemic. To date, 15 countries have eliminated LF using albendazole and DEC. This donation is not overseen by the MEC/AC.

Today, the impact of this enduring collaboration is clear. In countries where Mectizan and albendazole are used to eliminate LF, over three billion albendazole treatments have been approved; an estimated 337 million people in Africa and Yemen are now safe from the risks of LF infection. All this is possible thanks to the commitment of countries and the steadfast generosity of GSK and Merck.



Message from Dr. Yao Sodahlon, Director

The Global Reach of the Mectizan Donation Program

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Celebrating 40 Years of The Task Force for Global Health

The Mectizan Donation Program is proud to be one of the first permanent programs at The Task Force for Global Health, which celebrated its 40th anniversary in May.

The Task Force is home to 16 global health programs, with a legacy of leadership as a neutral convener of partners.

We were delighted to welcome former Merck CEO Dr. Roy Vagelos to the celebration. We were also fortunate to have Task Force cofounder and the first Mectizan Expert Committee chair Dr. William Foege in attendance.

Following Dr. Vagelos' 1987 announcement that Merck would donate Mectizan for the control and treatment of river blindness "as much as needed, for as long as needed," he approached Dr. Foege with the challenge of developing a distribution system for the largest pharmaco-philanthropic venture in history. Dr. Foege then established the Mectizan Expert Committee and served as chair for 12 years.

Dr. Foege and Dr. Vagelos had a vision for Merck's unprecedented donation. Dr. Foege's expertise distributing the smallpox vaccine, which ultimately led to its eradication, was used to create a strategy to distribute Mectizan.

Dr. Foege noted that the donation of Mectizan led to a vibrant partnership of ministries of health, endemic communities, NGOs, donors, The World Bank, and WHO. The delivery strategy worked. The MEC hoped to reach six million people in six years; it was achieved in four. Foege noted that when President Carter joined the fight in 1996, distribution increased rapidly. Soon the program was reaching 10 million, then 20 million people each year.

Today, thanks to the vision of Dr. Foege and Dr. Vagelos, enough Mectizan is provided annually to treat over 400 million people for river blindness and lymphatic filariasis elimination across the globe.

We congratulate The Task Force on 40 years of success!



Top: (I-r) MDP's Yao Sodahlon, former Merck CEO Roy Vagelos, MDP's Joni Lawrence, and Task Force COO Ellen Wild at the river blindness exhibit in the lobby of The Task Force for Global Health.

Bottom: Dr. William Foege shares memories and insights with guests. (Photos by Dean Hesse)



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What's Ahead for MDP

MDP's mandate is to provide Mectizan—as much as needed, for as long as needed—for river blindness and lymphatic filariasis (LF) elimination in our partner countries.

In 1988, the first year Mectizan was shipped to eligible endemic countries, 170,536 treatments were shipped. There was a massive expansion of Merck's donation over the next 37 years, and in 2025 we will be celebrating five billion treatments donated... and counting.

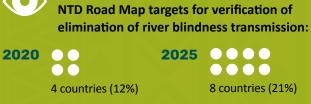
We were encouraged that Timor-Leste successfully eliminated lymphatic filariasis in 2024, which demonstrates the success of triple drug therapy against LF. We look forward to future triumphs in the 25 countries and territories eligible for this treatment. It is hoped that in 2025 Niger will become the first country in Africa to be verified by WHO for eliminating river blindness, a remarkable achievement in itself. Elimination of transmission in Africa was once thought not possible. Today, we look forward to more good news as large subnational regions stop treatment where transmission is suspected to be eliminated.

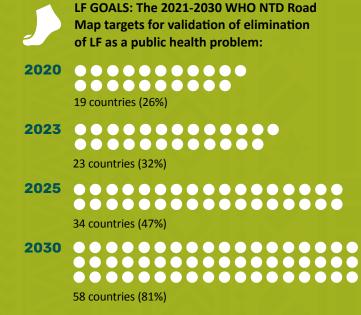
We will continue to work with our partners to overcome challenges on the way achieving the goals of the WHO 2021-2030 NTD Road Map.

Future Milestones

The World Health Organization publication Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030 provides these targets for the elimination of river blindness and lymphatic filariasis.

ONCHO GOALS: The 2021-2030 WHO







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A program at







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The Mectizan Donation Program is an international program to eliminate river blindness and lymphatic filariasis, primarily funded by Merck & Co., Inc., Rahway, N.J., U.S.A.,* with support from GSK.

Through the Mectizan Donation Program, Merck & Co., Inc. donates Mectizan® for the elimination of the transmission of river blindness and for the elimination of lymphatic filariasis (LF) as a public health problem. For the elimination of LF where river blindness is co-endemic in Africa and Yemen, Mectizan is co-administered with albendazole, donated by GSK. In countries eligible for "triple therapy," Mectizan and albendazole are co-administered with diethylcarbamazine (DEC) to accelerate LF elimination in some communities.

The Mectizan Donation Program is a program at The Task Force for Global Health.

All photos @Mectizan Donation Program unless otherwise noted.

* Merck & Co., Inc. is known as MSD outside the USA and Canada.

On the front cover, images of past and future Mectizan champions. From the left: Jimmy Carter and Roy Vagelos visit Chad in 1994. (Photo by Bill Van Der Decker); River blindness expert Gilbert Burnham in Malawi, 1986. (Photo courtesy of G. Burnham); Residents of Santa Isabel, once the most endemic river blindness community in Guatemala, in 2009. (Photo by Peter DiCampo); A container of 500 Mectizan 3 mg tablets. (Photo by William Nsai); A Community Drug Distributor carries a box of Mectizan in Cameroon, 2017. (Photo by William Nsai); and father and daughter in Cameroon, 2017. (Photo by William Nsai)

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